



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services

255 Rockville Pike, 2nd Floor

Rockville, Maryland 20850-2368

240-777-3986 Fax 240-777-3088

Website: www.montgomerycountymd.gov/mc/services/hhs/license

PUBLIC SWIMMING POOL OPERATING PERMIT APPLICATION

Application is hereby made for a license to operate a Public Swimming Pool in Montgomery County, Maryland

New ☐ Renewal ☐ (Please Print) TODAY'S DATE _____

Name of Pool: _____

Pool Address: _____
Street Number and Street Name

City _____ State _____ Zip Code _____ Pool Phone: _____
include area code

Name of Owner: _____

Mailing Address: _____
(for use on license, renewal application, and compliance inspection sheets)

City _____ State _____ Zip Code _____ Owner Phone: _____
include area code

Fax Telephone: _____ Email Address: _____
Include area code

Pool Management Company (if applicable): _____

Opening Date: _____ Closing Date: _____ Other: _____

Days and Hours of Operation: _____

Type of Pool(s) : (Check all that apply)

	Number of Pools				
<input type="checkbox"/> Inside Main Pool	①	②	③	④	⑤
<input type="checkbox"/> Outside Main Pool	①	②	③	④	⑤
<input type="checkbox"/> Training Pool	①	②	③	④	⑤
<input type="checkbox"/> Diving Pool	①	②	③	④	⑤
<input type="checkbox"/> Whirlpool	①	②	③	④	⑤
<input type="checkbox"/> Wading Pool	①	②	③	④	⑤

Signature: _____ Title: _____

Fee Information: *Please refer to Swimming Pool Operating Permit Fact Sheet*

Payment Method

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Credit Card No: _____ Name on Card: _____ Exp. Date: _____

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850. Payment can be made by check or money order, payable to **“Montgomery County, Maryland”** or on a Visa or Mastercard credit card or checking card. ***We are unable to accept cash payments.***

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Expires: _____

Record Number: _____